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Bib Data Sheet

CONFIRMATION NO. 4858

<b>SERIAL NUMBER</b> 10/078,475	<b>FILING DATE</b> 02/21/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> HITA.0173	
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<b>** CONTINUING DATA .....</b> <i>None</i> <i>MS</i>					
<b>** FOREIGN APPLICATIONS .....</b> <i>Yes</i> <i>MS</i> JAPAN 2001-363564 11/29/2001					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/03/2002</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>MS</i> <i>KS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 8 20	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Stanley P. Fisher Reed Smith Hazel & Thomas LLP Suite 1400 3110 Fairview Park Drive Falls Church, VA 22042-4503					
<b>TITLE</b> Health management support method, system and healthy life expectancy prediction data generation method and system					
<b>FILING FEE RECEIVED</b> 740	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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